

Accomplishments and Frustrations

A Report of Two Years in the Life of the California Medical Association

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IT IS MY PRIVILEGE to bring you a report of the accomplishments and frustrations our Association has experienced during the past two years. In reality, this is the story of basic evolutionary changes in attitude and relationships of medicine over a long span of years. It is the story of the gradual involvement of the medical profession in health matters beyond the actual delivery of professional services.

It has not always been an easy or popular sequence of events. Not all the members of our Association are necessarily pleased with the direction in which the recent activities have pointed. However, let me assure you that at no time have your elected leaders failed to consider every possibility before a course of action was pursued.

One George Herzog puts it this way: This has been Chinese year 4665, the Jewish year 5726, the Buddhist year 2509, the 900th anniversary of the Battle of Hastings, but to doctors it has been, above all, Medicare year 1.

This involvement has been a long time coming.

One example is the California Workmen's Compensation law passed originally in 1912. Medicine at that time did not wish to become involved with government in any way; so they did not advise, or participate in the writing or implementation of the law. As a consequence, the law was not realistic; it was difficult to work under; and it was hated. We did, however, live under that law for more than 50 years before basic changes were made.

This is a classic example of what happens when an interested party refuses to become involved in laws that affect his livelihood.

As time passed, opinions and people changed! This House, at one time in the thirties, actually passed a resolution calling on California to set up a system of state medicine for its citizens—fortunately this was rescinded. It was at this time that realistic involvement in the problems of provision of medical care began.

One step was the formation of California Physicians' Service (now Blue Shield) to help persons of low income to meet their medical expenses. Other states recognized the same need, and the Blue Shield concept spread throughout the country.

As the prepayment concept gained momentum, commercial carriers entered the field. The physician's attitude was that this was a contract between an insurance agency and an individual or a group, and of little interest to him. So minimal was the concern by physicians that chaos resulted. We all know the problems that arose from unrealistic fee schedules, restrictive clauses, and unreliable promises. These problems continued until after World War II.

Then came Big Government, with proposals, bills, grants and institutes, until every medical school and most physicians were somehow participating in a government program. Involvement was sometimes limited to paying taxes to support it all. However, advice was being given; funds were being accepted; involvement was here to stay.

This is the valedictory address of Dr. MacLaggan at the end of his term as President of the California Medical Association. It was presented before the House of Delegates, California Medical Association, Los Angeles, 15 April 1967.

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But the past is prelude, and it is our status today that interests us. We are, and have been for some time, faced with the fact that government is heavily involved in medical care, and, in all likelihood, will become more involved in the future. A clear choice confronts Medicine. Either we ignore the whole thing, as had been done in the past, or we try to shape the future. We can promote realistic programs beneficial to the people of California, and acceptable to physicians, or we can remain aloof and fight to the end social trends that seem inevitable.

We chose to become involved. This involvement has taken many forms—sponsoring legislative action in our own state, participating in the writing of regulations to implement federal laws, sponsorship of new concepts; and, perhaps most important, a new relationship with allied professional groups.

I will try to give you a few examples of what this realistic involvement has accomplished. From a small start a few years ago, with a joint committee meeting once a year, our relationship with the California Hospital Association has grown in stature to an attitude of mutual trust and dependence. We have several joint ventures and frequent consultations.

Each group talks with the other before embarking on a legislative venture, or before developing a program that would involve the other.

Similar liaison has been established with other health related organizations.

The deans of all medical schools are invited to each Council meeting. State governmental agency heads meet regularly with our Council and committees to consult on their activities.

What has been accomplished by this? Let's review some of the events of the past two years.

Title 19 and its California implementation is of primary interest. The willingness of CMA committee members, officers and staff to become involved gave us opportunities to: Advise and consult with the Legislature and various bureaus of state government; guide both the legislation and the regulations in a direction which we believe is the best for the people of California and that the physicians of California can generally accept. The situation here is different from other states, especially in New York, where there has been less physician involvement in planning for Title 19.

The efforts of California physicians in the im-

plementation of Title 18 is another example. Sam Sherman, John Rumsey, Roberta Fenlon, to name but a few—contributed immensely to the development of regulations that, cumbersome as they may seem, are far superior to those written prior to physician consultation and guidance.

Other federal legislation has directly affected the activities of the California Medical Association during the recent months. A major project came with the Cancer and Stroke law. Our concern with this started before the bill was passed, with a meeting called by the Bureau of Research and Planning. Invited to this meeting were deans of medical schools in California, California Hospital Association, representatives of the federal government, including the now Surgeon General, William Stewart, and others. Subsequently, a California Coordinating Council was formed with representation from CMA, CHA, medical schools, the Department of Public Health, and voluntary agencies for heart and cancer. This group, now known as the California Coordinating Committee for Regional Medical Programs, has received a planning grant, administered by our California Medical Education and Research Foundation. This Foundation will be responsible for all grants in California under the program. CMA has a grant to study the effectiveness of current continuing education courses, to take a census of courses now available and to study the needs for courses in heart, cancer and stroke. From the beginning we have been represented by Ralph Teall as vice chairman of the coordinating committee, Jack Morrison and me.

Another example of direct involvement of CMA: Many months ago the CHA became conscious of the manpower shortage in the health fields, and initiated plans to alleviate the problem. At about the same time, the California statutory Health Facilities and Services Planning Committee started to think about health personnel shortages. A health manpower conference was held with 60 professional and health groups to evaluate the needs. It was decided to set up a voluntary Health Manpower Council to devise means of improving the situation. A second conference was held in February, when the Council was formally established. It includes representation from CMA, CHA, nursing, nursing homes, dentistry and State departments of Public Health, Education and Employment. Thirteen other members are chosen from remaining representatives to the conference (which had grown to over 80 at the second meet-

ing). This council will be financed voluntarily by the groups involved. Our representatives are Frank Melone, Gerald Scarborough and Harold Kay.

What else has CMA been involved in this year? CMA Accomplishments Report, intended for distribution to opinion leaders, describes our activities in many fields—maternal and infant mortality studies, student health programs, our active campaign to reduce cigarette smoking, evaluation of extended care facilities, health information distributed to hundreds of newspapers and magazines, radio and TV spots, the Doctors at Work series of films now being used in several other states in addition to wide distribution in California, the medical staff survey program that has now surveyed nearly five hundred hospitals.

All of these, and others, are public or community service projects supported by our Association. We should look on them with pride.

What about direct benefits to CMA members and county societies?

The Workmen's Compensation laws have been modified so that there is now a suitable committee structure, with an appeals board, physician representation and a more realistic fee schedule. The Medi-Cal program is more realistic in its approach to patient care, and pays reasonable charges. The Medical Practice Act was amended to make medical discipline more equitable. For example, it is now possible to impose restrictions on practice, or mandatory reeducation, instead of revocation of license, when this penalty seems too harsh. The Military Dependents Program has been extended to dependents of retired personnel, and usual and customary fees will start in July. California Blue Shield has been encouraged to write usual fee programs and by mid-year nearly 50 per cent of Blue Shield programs will be written on this concept.

If nothing else has impressed me during the past two years, one fact stands out very clearly: That changes in patterns of practice and involvement with governmental agencies and other groups have just begun. The impact of legislation, either recently passed or now under consideration, will create tremendous pressure for change within the medical profession in California. We must be flexible in our committee structure, alert for opportunities to stay ahead of legislative and social forces that bring about change. It is my fervent hope that our three planning committees will keep CMA abreast or ahead of the times and that our "action committees" will continue the standards of excel-

lence which have marked their activities in the past.

Involved? Yes you are! Involvement? Yes we have! Eugene V. Debs said, "I realize that there are certain limitations placed upon the right of free speech. I may not be able to say all I think, but I am not going to say anything I do not think."

The activation of the thinking of its members, the stimulation of interest in our affairs, the answering of many practicing physicians' queries and complaints is a monumental accomplishment of the dedicated staff of CMA, your Council, your House of Delegates, your elected officers, executive secretaries and the members of the Woman's Auxiliary.

I extend my sincere appreciation:

To Carl Anderson, Chairman of our Council.

To Ralph Teall, el más grande de profesores, the greatest of teachers and your devoted past president.

To John Morrison, a man whom I admire and one who represents you so ably on a state and national level. To three chores—beyond his service to you—he has to loan his hardy strength: Sleeping on planes and hotel mattresses, breathing a variety of air or smog and eating on the roast beef circuit.

To the members of committees and commissions and their chairmen. Someone has said, "When a large group of the incapable appoints a smaller group of the unwilling to do the unnecessary, this constitutes a committee." I categorically deny that this is true in California. We strike out two letters, and we have: Capable, willing and necessary! I repeat, capable, willing and necessary!

To Howard Hassard and his staff a commendation for coordinating skilled professional people with talents and abilities we so greatly appreciate and need. Hope is a species of happiness, and I know we can depend on our staff for continuity throughout the year and from annual session to annual session. I am sorry I cannot mention each one personally but I do extend my gratitude to all of them.

In my thousands of miles of travel and my visits with you and others, I have been taught some lessons:

1. We must not assume that a critic is an enemy.
2. We must keep politics in the open, insofar as possible. The airing of our differences, with

ultimate resolution of problems will quiet criticism.

3. We must understand the reason for giving man status. Age should not have its face lifted, but rather teach the world to admire wrinkles.

4. We must learn to live with the mass media of communication and to exert our influence through these channels.

5. We must preserve the environmental peace and quiet that comes to the individual to stimulate independence and creative thinking.

In all of our future challenges of involvement, let us remember this thought:

"God grant me the serenity to accept things I cannot change, courage to change things I can, and wisdom to know the difference."

CORRECTION

In the article, "Blood Coagulation and the Coumarin Anticoagulant Drugs," which appeared in the April 1967 issue of CALIFORNIA MEDICINE, an error was made in the legend for Figure 15 on page 264. The legend read: "Figure 15. The 'cascade' or 'false waterfall' theory of the mechanism of blood coagulation . . ." It should have read: The "cascade" or "waterfall" theory.